PIP Benchmark: Enhance Community Collaborations

PIP Item 3A.2.1 Develop a strategic plan for services DCBS will continue to provide and services that will be purchased.

The strategic plan for services has been designed to enhance Kentucky's Child Welfare System by working collaboratively with the courts, service providers and by engaging families with the goal of insuring that safety and permanency are achieved timely for the customers that we serve.

Part 2 is Kentucky's plan, it incorporates the Casey Roundtable recommendations, changes to the Private Child Care agreements and an evidence based model for serving difficult to serve youth.

2011 Strategic Plan for OOHC Re-design

The Current Evidence Base Related to Barriers to a Permanent Placement; National Perspective:

The child welfare system most often interacts with these children and their families first through suspected child maltreatment. Child maltreatment arises most often from families with issues of poverty, substance abuse (McNichol & Tash, 2001), patterns of violence (Craig & Sprang, 2007), inadequate parental capacity and child management skills, or dysfunctional interaction styles with emotional dysregulation (Kelly, 1983). In turn, these conditions nurture children with increasingly difficult behavioral problems from emotional dysregulation, aggression, internalizing and externalizing behaviors, insecurity, avoidant or chaotic attachment styles, and a host of cognitive limitations (Perry, 2002). These children create additional parenting challenges among parents already struggling with the original issues. Together these conditions create a pattern of aversive parenting and child behaviors that are likely to become increasingly explosive. Thus, family intervention is necessary for child safety. A study analyzing Child and Family Service Reviews across the states identified five common barriers to permanency achievement: 1) conducting timely termination of parental rights proceedings, 2) recruiting foster/adoptive homes, 3) child welfare case management, 4) court case management, and 5) establishing or changing permanency goals (Urban Institute Child Welfare Research Program, 2004). Federal policies have attempted to address the reduction of time children stay in foster care, perhaps most substantially with the Adoption and Safe Families Act (ASFA). ASFA has had a far reaching impact on federal and state foster care policies by focusing

on expedited permanency for children and by providing incentives to states to increase the number of adoptions. The Child and Family Services Review's results from the first and second rounds highlight that states continue to have difficulty achieving permanency for children. In order to help states achieve permanency we need to: enhance utilization of concurrent planning, more timely permanency hearings, additional services and supports in communities, increased engagement of families in the case planning process as well as more frequent and substantive visits (Williams-Mbengue, 2008). There is a high level of evidence that children with disabilities and health problems, as well as multiple placement moves, present the greatest challenges to reunification (Bruin, 2003; Cordero, 2004). Reunification may prove to be more challenging for some demographic sets including age and race; infants and adolescents being less likely to be reunified than other age groups and African American children less likely than other racial backgrounds. Furthermore, almost 30% of children who were reunified in 1990 re-entered foster care within 10 years (Wulczyn, 2004). Reunification efforts may be further hampered by placement instability (Rubin, et al., 2007), which has been considered as a predictor for increased risk of behavior problems and other poor outcomes including diminished timeliness towards reunification and permanency efforts.

Family reunification practices are deeply rooted in American law and will most likely continue as the most common way children exit the foster care system. However, evidence supports the need for greater efforts of the child welfare agency, courts and service providers after reunification and tailored for the unique needs of the family to ensure the family situation remains safe and intact (Connell et al., 2009). Taussig, Clyman, and Landsverk (2001) compared

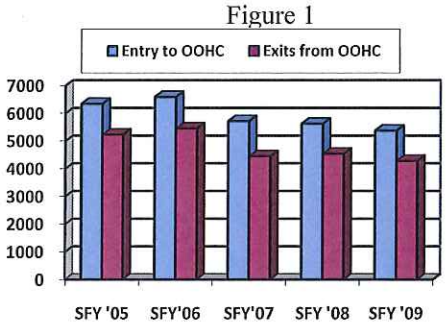
rates of maltreatment following reunification for children who came into foster care as a result of maltreatment versus those who came into foster care for other reasons. Children who came into foster care as a result of maltreatment were significantly more likely to be maltreated, especially neglected, during reunification. This study concluded that targeted supports and services are needed prior to reunification and during the first year following reunification. Reunification versus continuation in foster care was compared in a six-year longitudinal study of adolescent outcomes including arrests, substance abuse, self-destructive actions, pregnancy and total competency. Reunification status significantly predicted negative outcomes in internalizing behaviors, total behavior problems and lower total competence. These findings suggest that thoughtful aftercare services may be needed to support families and improve child wellbeing.

There may be limitations to what can be accomplished through traditional family preservation and reunification (Littrell & Schuerman, 2002); more intensive models may be needed. Although research on aftercare services is limited, the available information stresses that the services should be initially intensive and includes family-tailored services (Maluccio, 2000; Walton et al,. 1993). There is a demonstrated link between social isolation and failed reunification (Terling, 1999; Kirk, 2001). Parent support provider models, referred to as parent-to-parent or peer-to-peer, have demonstrated sustainable family supports linking families with social supports and other community resources especially for families that experience challenges of mental health issues or disabilities (Hogan et al., 2002; Solomon & Draine, 2001).

Kentucky Casey Roundtable Results

Based on the findings from Kentucky's second round of the Child and Family Services Review (CFSR), and

Figure 1



child welfare system priorities, since January 2001, Kentucky has experienced a 23% increase in the number of children in out-of-home care (OOHC) from 5,841 children in 2001 to 7,207 children in June 2010. Analysis of statewide administrative data show the increase is due to fewer children exiting OOHC than entering OOHC, resulting in a growing number of children with a prolonged commitment to state custody. To address this, Kentucky more than doubled in-home services (Intensive Family Preservation Services) to keep children safely at home and safely reunified when possible. Kentucky also entered into a partnership with Casey Family Programs.

Kentucky is a high performing state, exceeding the federal standards on most measures of permanency. For example, more than 80% of all children discharged from foster care to reunification do so within 12 months. Overall, about 75% of children removed from their families, return to their families or relatives. The median length of stay for reunified children is about 4 months in OOHC. Similarly, Kentucky has low rates of emancipation and only 30% of children emancipated have spent three or more years in OOHC. Despite these positive indicators, once children stay in OOHC for more than 12 months, they tend to experience increasingly longer stays in OOHC. Over time, the concern about the number of children with

prolonged commitment to state custody has grown although the numbers have remained relatively stable. The target group for the KY PRT was chosen because it was considered the most difficult group to achieve permanency.

The Permanency Roundtables are included in Kentucky's Program Improvement Plan under *Theme 2: Enhancing Child Stability and Permanency*. The Kentucky Permanency Roundtables were designed to achieve these short-term or proximal goals:

1. To develop a permanency plan for specific children that can be realistically implemented over the next six months.
2. To stimulate thinking and learning about pathways to permanency for these and other children.
3. To strengthen front line and supervisory practices related to helping children achieve permanency.
4. To identify and address barriers to permanency that might be changed through professional development, policy change, resource development, and the engagement of system partners.

Barriers Identified at Permanency Roundtables

Throughout KY, a list of barriers to permanency was identified and action plans to mitigate these barriers were initiated. The top five barriers to permanency were these:

- Differing public and private child caring agency expectations of therapeutic foster care, of foster parents need to mentor biological parents, limited transition planning from residential settings to foster care, and collaboration on case plans.
- Limited resources including the quality, availability, accessibility, and coordination of intensive family intervention, family therapy, and training models for parental management of challenging child behaviors.
- Limited mental health and developmental disability services with concerns over how much and when medications were prescribed, limited shared treatment goals, treatment planning across systems, and limited quality and consistency of assessment.
- Needs for training DCBS staff in critical problem solving, understanding behavioral and emotional issues, conducting family team meetings, and strategies to overcome permanency process delays.
- Using relatives as resources including finding and engaging relatives for both placements and ongoing relationships, and mitigating tensions between relatives and biological parents especially around issues of Termination of Parental Rights (TPR).

Organization Vision

Within the year 2012 to build a quality continuum of care to assist children within DCBS custody as they transition towards permanency from service providers. The Division of Protection and Permanency (DPP) recognizes the importance of a safe, secure and nurturing environment for each Kentucky child, adult and family. Within such an environment, we believe that families and

their individual members become the most critical component of a strong society. Our vision is a division that is:

- Focused on families, children and vulnerable adults
- Committed to families as partners in decision making
- Proactive, responsive and accessible to all members of the community
- Sensitive to cultural and community differences
- Committed to innovation, continuous improvement, shared accountability and measurable outcomes
- Community focused and partnership oriented
- Recognized as the best human service delivery organization in the nation

Organization Mission

To protect children and vulnerable adults and to promote self-sufficiency and permanency by providing the best regulatory framework and state plan structure possible.

To ensure maximum flexibility for interpretation and implementation of policy and procedures, which best meet the needs of the community.

Goals for integration

1.0 Plan to incorporate KY Roundtables into current practice.

1.1 Over the course of 2011, provide KY Roundtable opportunities in each service region quarterly to discuss cases chosen by the regions.

1.2 Over the course of 2012, provide the opportunity for regions to request a KY roundtable for cases in out-of-home care as a supplement to formal out-of-home care consultations.

2.0 Improve planning for youth transitioning in care (in OOHC 18-48 months); addressing specific PCC & Therapeutic barriers identified in KY Roundtables.

3.0 OOHC redesign

3.1 Revise the PCC agreement

The Department for Community Based Services (DCBS) and private providers began working

together in 2008 to ensure that our out of home care system was focused on achieving positive outcomes and permanency for our children. One effort to facilitate information gathering involved sending questionnaires to our private providers. The questionnaires targeted treatment provision and outcomes for children served by a particular program. It asked for the "who, what, and how" of serving DCBS children and engaging their families. Child-caring providers received the questionnaire on September 9, 2009, and child-placing providers received the questionnaire on February 16, 2010. Different dates were necessary, as the questionnaires were license-specific (i.e., residential or foster care/independent living).

DCBS used the information gathered from the questionnaire responses along with knowledge gleaned from Comparative Service Reviews, the Children's Review Program, cost reports, and the DCBS data system, to inform the development of a more outcomes-based service agreement. In September 2009, the Out-of-Home Care (OOHC) Redesign Workgroup began meeting weekly to prepare a private child care (PCC) agreement revised draft for providers to review. Numerous revisions were made before the first draft was sent to providers and community partners on March 6, 2010 with comments due back by March 30, 2010. A second and third draft was sent on May 21, 2010 with comments due back by May 26, 2010 and June 15, 2010 with comments due back by June 18, 2010, respectively. The OOHC workgroup continued to meet regularly during this time period, as the workgroup was assigned the task of reviewing each comment from every provider and community partner. Many more revisions were made based upon the providers' feedback. The final product was sent to providers on August 3, 2010. The SFY 2011 PCC agreement carries an effective date of July 1, 2010.

3.2 Develop a standard assessment tool for PCP/PCC providers to use for youth in out of home care. Through the workgroup process, the nine domains included in the revised PCC agreement which included: personal strengths and resources, family involvement, areas of risk, social, emotional/behavioral, daily living/independent living, health and wellness, education and career, and cultural/religious; were further delineated to include subgroups. Once the structure was identified, a draft assessment tool was developed in collaboration with the private agency staff.

3.3 Provide training for PCC/PCP providers on standardized assessments and discharge planning.

Staff from the Quality Assurance and Policy Development (QAPD) and Family Violence Prevention Branches (FVPB) of the Division of Protection and Permanency (DPP) has completed all of the scheduled training events on the Standardized Assessment that was required in the PCC agreement for FY 2011.

The purpose of conducting these training events was to provide some contextual information about child welfare systems at the state and Federal level, to stress the importance of documentation, to promote adherence to guidelines for funding streams, and to provide technical assistance on how to implement the new requirements related to standardized assessments in both the foster care and residential child care settings. Additionally, training staff utilized these training events as an opportunity to open a dialogue between the clinical and management staff in private child care and DCBS central office related to the interactions of the public and private systems related to serving children in foster care and residential child care settings.

3.4 Provide Technical Assistance to DCBS staff (SRCA/OOHC Specialist) on how to use the information from the standardized assessments and discharge planning.

This item is still in the planning stages.

3.5 Define role of both PCC/DCBS related to enhance communication at FTM-Case Planning/ Youth treatment conference, ongoing work with families to enhance reunification efforts.

- Continue to review current PCC agreements to move towards Outcome Focused Permanency.
- Coordinate with treatment providers
- Build partnership to enhance permanency for youth in care

4.0 Study status offenders committed to DCBS to identify reason for entry, services needed by this unique population and use that information to develop RFP for continuance of services to pre-post status offenders and their families.

The agency gathered information on this specific population statewide. Next focus groups were held in the Cumberland Region to answer the following questions;

- Why do status offenders come into OOHC?
- What services are needed in order to serve these children and their families?
- How do we re-unite these kids with their families?

The information gathered will be used for the next step which is the planning stage.

5.0 New RFP to contract for a specifically identified high intensity population of difficult to place and difficult to manage children. The goal of the contract is to provide placement stability to this very difficult to serve population. The Cabinet is seeking qualified providers who are able to meet the complex needs of children who have a need for high intensity services. The goal of this initiative is to maintain children meeting the selection criteria with one (1) provider

while keeping them safe, enhancing their wellbeing, and moving them along a pathway to permanency.

The agency is working with several groups in the development of item; the Coordinating Services for Children Workgroup is currently evaluating the OOHC placement process to determine if the agency is operating in a consistent and efficient manner. Mike Cheek is working with the Quality Outcomes Workgroup through the PCC's to enhance the quality of the services provided to these children. Also, focus groups were developed to determine how to modify the contract for the Children's Review Program (CRP) in order to develop the capacity to review and monitor treatment plans, and compliance with Medicaid thereby building in quality measures.

The RFP's have been developed and on March 18, 2011, the agencies that were selected were notified by the Cabinet.

2. References

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